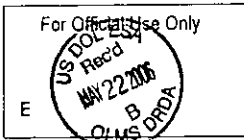


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7500	2. Fiscal Year Covered From: 01 / 01 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name PAUL WALLACE P.O. Box, Bldg., Room No., if any Street 3948 DARBY LANE City SEAFORD State NY ZIP Code + 4 11783	4. Name, file number, and address of labor organization. Name UFCW LOCAL 2-D Labor Organization File Number 029-150 P.O. Box, Building and Room Number, if any Street 8402 18TH AVENUE City BROOKLYN State NEW YORK ZIP Code + 4 11214
5. Position in labor organization. V PRES	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed **Paul Wallace** On **5/15/06** **576 826 0520**
Date Telephone Number

Name of Person Filing PAUL WALLACE	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>													
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name UFCW Local 2-D</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8402 18TH AVENUE</p> <p>City BROOKLYN</p> <p>State NEW YORK ZIP Code + 4 11214</p>	<p>14.a. Nature of payment.</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">ALLOWANCES</td> <td style="text-align: right;">\$ 2,600</td> </tr> <tr> <td colspan="2">CHRISTMAS PARTY</td> </tr> <tr> <td style="padding-left: 20px;">LOCAL 2-D</td> <td style="text-align: right;">\$ 66</td> </tr> <tr> <td style="padding-left: 20px;">INSURANCE TRUST</td> <td style="text-align: right;">6</td> </tr> <tr> <td style="padding-left: 20px;">L2 PENSION</td> <td style="text-align: right;">9</td> </tr> <tr> <td style="padding-left: 20px;">L2 SEVERANCE</td> <td style="text-align: right;">3</td> </tr> </table>	ALLOWANCES	\$ 2,600	CHRISTMAS PARTY		LOCAL 2-D	\$ 66	INSURANCE TRUST	6	L2 PENSION	9	L2 SEVERANCE	3
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LOCAL 2-D	\$ 66												
INSURANCE TRUST	6												
L2 PENSION	9												
L2 SEVERANCE	3												
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. \$ 2,684</p>												

When must I complete Part C of Form LM-30?

Part C consists of Items 13 and 14. You must complete Part C if you received any payment of money or other thing of value from any employer not covered under Part A or B or from any labor relations consultant to an employer. You are not required to report any payments of the kind referred to in section 302(c) of the Labor Management Relations Act (a list of these types of payments is available on the [OLMS Web site](#)). You are also not required to report bona fide loans, interest, or dividends from banks, credit unions, savings and loan associations, insurance companies, or other bona fide credit institutions. Regardless of these exemptions, you must report any payments (1) not to organize employees, (2) to influence employees in any way with respect to their right to organize, (3) to take any action with respect to the status of employees or others as members of a labor organization, and (4) to take any action with respect to bargaining or dealing with employers whose employees your organization represents or actively seeks to represent.

What are some examples of situations that I must report in Part C?

- You are a union officer and are running for a local public office. Employers in the industry organized by your union make campaign contributions. This is reportable under Part C. (If a contribution were made by an employer whose employees your union represents or actively seeks to represent, you must complete Part A.)
- You are a union employee involved in obtaining accounting services for your union. An accountant that your union does not do business with gives you a holiday gift of golf clubs. This is reportable in Part C.
- You are a local union president. An employer outside the jurisdiction of your local offers your 20-year old daughter a paid summer internship on the understanding that you will seek to have your members go on strike against an employer who is one of their competitors. Your daughter's income and benefits from the internship are reportable.
- You are an officer of a national union. Your wife is hired as a senior executive of an employer on the understanding that your union will not seek to organize that employer. Your wife's interest in the employer and any payments or benefits she received from it are reportable.

Who must sign Form LM-30?

Form LM-30 must be signed by the union officer or the employee required to file it.

When is the filing deadline?

Labor organization officers and employees must file Form LM-30 within 90 days after the end of their fiscal year.

Where do I file Form LM-30?

The completed Form LM-30 must be mailed to: U.S. Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue, NW
Washington, DC 20210-0001